

PAIN DRAWING

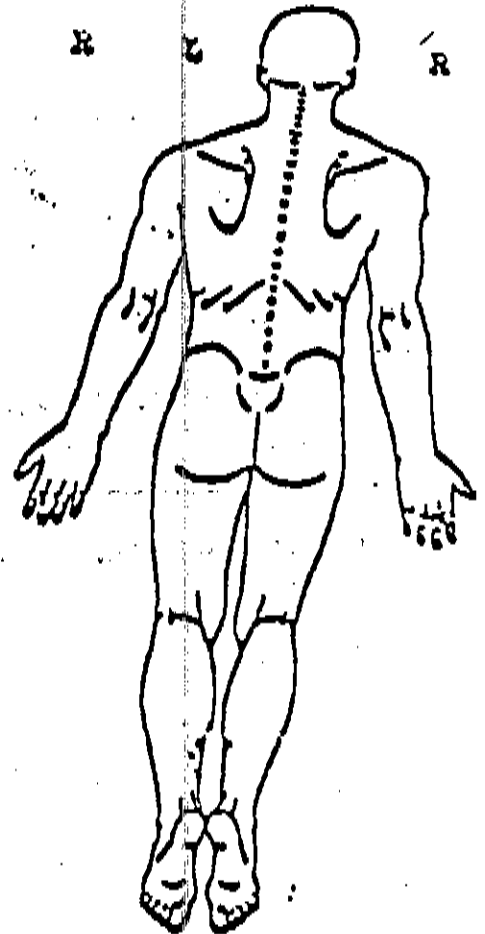
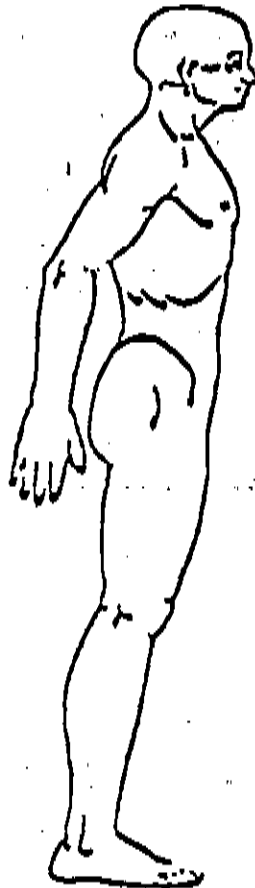
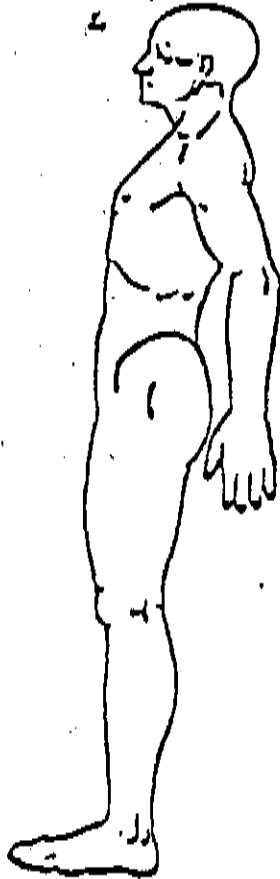
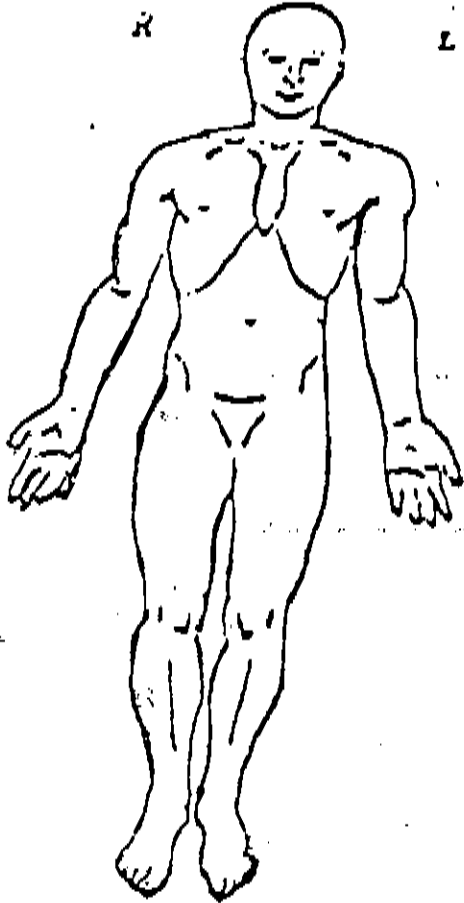
DATE: _____

NAME: _____

Mark the location of your pain on the body outlines below using the following LETTERS

Ache = A Burning = B Numbness = N Pins/Needles = P Stabbing = S

OTHER = X (please specify) _____



CIRCLE the severity of your pain on the line below

0—1—2—3—4—5—6—7—8—9—10
 no pain extreme pain